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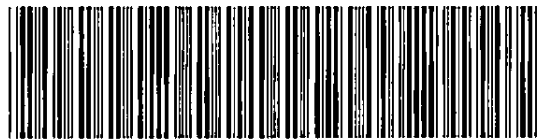
(Business Entity Name)

(Document Number)

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A. FLANN

05/03/04

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IVARENE AND DON HANDYMAN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVARENE MCKENZIE

Name of Person

IVARENE AND DON HANDYMAN LLC

Firm/Company

410 6TH ST

Address

LAKE PARK, FL 33403

City/State and Zip Code

IVARENEMCKENZIE11@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVARENE MCKENZIE

Name of Person

561 907-1499
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IVARENE AND DON HANDYMAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/4/2024 and assigned
Florida document number L124000013951.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DON AND IVARENE HANDYMAN, CLEANING & DECORATING SRVCS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the significance of the study?
 4. What are the limitations of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the contributions of the study?
 9. What are the implications of the study?
 10. What are the findings of the study?
 11. What are the results of the study?
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/24/2024

Ivarene McKenzie
Signature of a member or authorized representative of a member

Ivarene McKenzie
Typed or printed name of signee